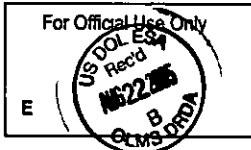


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



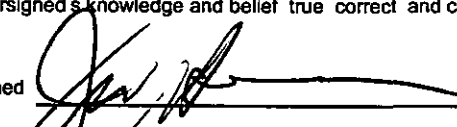
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text"/> 12431	2 Fiscal Year Covered From <input type="text"/> 1 / <input type="text"/> 1 / <input type="text"/> 2004 Through <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2004
3 Name and address of person filing Name <input type="text"/> Julius <input type="text"/> Berstein P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 101-49 Woodhaven Boulevard City <input type="text"/> Ozone Park State <input type="text"/> New York ZIP Code + 4 <input type="text"/> 11416	4 Name file number and address of labor organization Name <input type="text"/> Amalgamated Transit Union, Local 1181-106 Labor Organization File Number <input type="text"/> 029-994 P O Box Building and Room Number if any <input type="text"/> Street <input type="text"/> 101-49 Woodhaven Boulevard City <input type="text"/> Ozone Park State <input type="text"/> New York ZIP Code + 4 <input type="text"/> 11416
5 Position in labor organization <input type="text"/> Financial Secretary - Treasurer	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest Transaction or Income <input type="text"/> 7 b Amount <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On <input type="text"/> 8/15/05 Date	<input type="text"/> (718) 845-5600 Telephone Number

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

12 b Amount	\$200
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14 b Amount of payment

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Amalgamated Bank

Trade Name if any

P O Box Bldg Room No if any

Street 15 Union Square

City New York

State New York

ZIP Code + 4 10003

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Division 1181 ATU NY Employees Pension Fund

Trade Name if any

P O Box Bldg Room No if any

Street 101-49 Woodhaven Boulevard

City Ozone Park

State New York

ZIP Code + 4 11416

11 a Nature of such dealing

They are a money manager for the Pension Fund

The amount shown in box 11 b below is the same as the prior page

11 b Approximate dollar value of such dealing

\$20 182

12 a Nature of interest held or income received

Holiday Gift

12 b Amount

\$38

Name of Person Filing Julius Bernstein

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Division 1181 ATU NY Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 101-49 Woodhaven Boulevard

City Ozone Park

State New York ZIP Code + 4 11415

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Division 1181 ATU NY Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 101-49 Woodhaven Boulevard

City Ozone Park

State New York ZIP Code + 4 11416

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Discussion with Hartford Insurance Co for Disability coverage for the Union membership over lunch at London Lennie s Restaurant

12 b Amount

\$40